								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									1				
								10/700,637					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS (O							RAT	E	FEE	<b>1</b>	RATE	FEE	
			NUMBER	NUMBER FILED		NUMBER EXTRA		FEE		OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			(C minus 20=		* Ø		X\$ 9	)- 		1	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		* 0					OR			
MULTIPLE DEPENDENT CLAIM PRESENT							X43	=	ļ	OR	X86=		
							+145	ō=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	TOTA	٩L		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II							CMA		ENITITY	00	OTHER SMALL		
_	<del></del>	(Column 1)		(Column HIGHES		(Column 3)	SMALL		ADDI-		SWALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVICE PAID	USLY	PRESENT EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	= ,		OR	X\$18=		
	Independent	*	Minus	***		=	X43:	=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEF			PENDENT CLAIM		+145	_		1	+290=			
	1,4 7							- TAL		OR	TOTAL		
								ADDIT. FEEOR ADDIT. FEE					
NDMENT B		(Column 1) CLAIMS		(Colun		(Column 3)			ADDI-			ADDI-	
		REMAINING AFTER		NUME PREVIC		PRESENT EXTRA	RATI	Ε	TIONAL		RATE	TIONAL	
		AMENDMENT		PAID I	FOR			_	FEE			FEE	
	Total	*	Minus	**		=	X\$ 9=	=		OR	X\$18=		
AMENC	Independent	* NTATION OF MU	Minus	***	CL AINA	=	X43=	=		OR	X86=		
	FIRST PRESE	NIATION OF MIC	DETIPLE DEP	ENDENI	CLAIM		+145	_		OR	+290=		
					•		TO1	ΓAL			TOTAL	<del></del>	
								EE		1011	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST									4001	•		4001	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X43=	1			X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPE				ENDENT CLAIM		`	+		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+145=			OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								AL EE L	·	OR ,	TOTAL ADDIT. FEE		
		iber Previously Pai					found in the	арр	ropriate box	in coli	ımn 1.		